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A WEEKLY EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

(133) Function of the Tuber Cinereum.

DR. OTT (*Journal of Nervous and Mental Disease*, July, 1891) has two short papers on the function of the tuber cinereum. He believes that the thermotaxic and what is termed the "thermo-polypnœic" centre are one and the same, and are situated at the anterior end of the third ventricle. A rabbit was heated to produce polypnœa; the skull was opened and the tuber cinereum was damaged. It was always found that polypnœa ceased when this was done, but not by any experiment in which it was uninjured. Ott also concluded that it had thermotaxic functions. He found that puncture of the anterior end of the optic thalami must break the tuber cinereum to cause a rise of temperature. He considers it established that the thermogenetic centres are the caudate nucleus, and according to Hale White the grey matter of the septum lucidum and the grey matter in front of and beneath the caudate nucleus. Ott believes that there are thermo-inhibitory centres about the concrete and Sylvian fissures and polypnœic centres in the tuber cinereum.

(134) Combined Lateral and Posterior Sclerosis.

WILLIAMSON (*Medical Chronicle*, July, 1891) relates the following case: A man contracted syphilis in 1880. Several months afterwards he had retention of urine and paraplegia, but this got better. The symptoms soon returned, and incontinence of urine and fæces soon became well marked. In course of time the legs became rigid; there was no anæsthesia. In July, 1890, he had an attack very like a gastric crisis, and during this he died suddenly. At the *post-mortem* examination, cystitis and pyelitis were found. Nothing abnormal was found in the cord on naked eye examination. Microscopical examination gave the following results: Cervical region (middle and upper)—severe sclerosis on both sides in Goll's columns, crossed pyramidal tracts, direct cerebellar tracts, and antero-lateral ascending tracts. Lower cervical region—the anterior two-fifths of the left column of Goll, and the anterior third of the right column were degenerated, otherwise the degenerations were the same as in the upper parts. Dorsal region—Goll's columns were free, the lateral tracts were affected, and in the upper dorsal region the periphery was degenerated in front of the posterior cornua. In the lumbar region only the lateral tracts were affected; otherwise the cord was healthy, as were the meninges. The author discusses the question whether this is to be regarded as a case of combined primary posterior and lateral sclerosis.

SURGERY.

(135) Pneumotomy for Pulmonary Gangrene.

DR. OSCAR E. HAGEN-THORN, of St. Petersburg, records (*Vratch*, No. 19, 1891) the case of a man, aged 32, in whom, about a month after an attack of croupous pneumonia, there appeared fever of a septicæmic type, cough with blood-stained purulent expectoration, offensive breath, and dulness over the left lung. A trocar plunged into the chest between the fourth and fifth ribs struck a suppurating cavity situated some six centimetres from the anterior thoracic wall. Without delay a free incision was made in the fourth interspace, the sloughing cavity opened and thoroughly disinfected, a drainage tube inserted, and the external wound closed with sutures. On the fourth day the sutures were removed; on the sixth the incision was healed everywhere, except at the site of the drain tube; on the twenty-sixth the last shred of sloughing tissue escaped. Shortly after the operation the temperature permanently returned to the normal, the patient's general condition gradually improved, the weight increased, etc. When seen about three months after the operation his general health was excellent, the only remaining symptom being a little chronic bronchitis.

(136) "Guttapercha Paper" in Ulcers of the Leg.

DR. VASILY P. KÜRTCHINSKY, of Nejin (*Vratch*, No. 35, 1890) speaks highly of the so-called "guttapercha paper" as the best means of rapidly curing even the most intractable ulcers of the leg. The diseased surface should be first carefully washed with a 4 per cent. boracic acid solution, and then gently dried with a piece of absorbent cotton-wool, after which a sufficiently large sheet of the "guttapercha paper" (previously washed in the solution and dried between towels) should be applied, covered with a thin layer of cotton-wool, and lightly fixed by means of a muslin roller. The dressing should be changed every day. Under such simple treatment the ulcers are said to heal soundly in about five days in more or less recent cases, while those of older standing and greater severity are cured in two or three weeks. Pain, heat, tension, and disagreeable subjective sensations subside almost immediately after the first application. Similar excellent results are also obtained in all cutaneous affections which are characterised by an intense local irritation, such as dermatitis of various kinds, acute or chronic eczema, erythema, erosions or fissures

etc. The author adds that the application of Martin's india-rubber adhesive plaster is followed by identical beneficial effects. This material, however, is a good deal more expensive than guttapercha paper. In either case the curative action must be attributed mainly to the powerful sedative and protective properties of the dressing material.

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(137) Benzin and Kerosene as Disinfectants for Instruments.

REFERRING to Dr. F. W. Langdon's paper on the use of ordinary commercial benzin as an antiseptic agent (*Cincinnati Lancet-Clinic*, February 7th, 1891), Dr. N. K. Lavrentïeff, of Tzaritzyn (*Saratovsky Sanitarnyi Obzor*, No. 9, 1891, p. 225), states that for many years he has employed the fluid for disinfecting his surgical instruments, simply keeping them immersed in it. While securing an aseptic condition, benzin does not corrode instruments, and generally does not injure them in any way. The only drawback attending the use of benzin is said to consist in its extreme volatility. Lavrentïeff recently tried to substitute for benzin another common product of petroleum—namely, kerosene. Up to the present he is satisfied with the results. The substance does not corrode instruments, while it is less volatile and much cheaper than benzin.

MIDWIFERY AND DISEASES OF WOMEN.

(138) Treatment of Albuminuria and Nephritis during Pregnancy.

DR. A. MIJNLIEFF gave an address on the treatment of albuminuria and nephritis during pregnancy at the third Physical and Medical Congress recently held in Holland (*Geneeskundige Courant*, May 10th, 1891). He says that, taking into consideration the predisposition to renal affections during the period of pregnancy, prophylactic treatment must in all cases be adopted, and with greater circumspection where there has been any antecedent infectious malady. In all cases of chronic nephritis, where the danger to the mother is great, and the chances of life to the fœtus small, the period of parturition should be anticipated, while as a precautionary measure abstention from intercourse or artificial occlusion of the uterine orifice should be recommended. With regard to the treatment itself, the line must be drawn between a simple albuminuria and albuminuria the outcome of a more serious renal affection. In the former a well-regulated diet, with avoidance of an excess of nitrogenous food stuffs, is of the first importance; all nourishment tending to congestion of the kidneys must be avoided, and a careful functional regulation of the skin and intestinal canal insisted on; light saline purgatives may be administered, and in anæmic patients iron may be given with advantage. In nephritis during pregnancy, where the renal affection is discovered during the early months, abortion may be induced where the prognosis is likely to be a grave one. Dietetic treatment will, however, in such cases also be found of great value; the milk treatment strictly followed has given admirable results. Milk may be given raw or boiled, cold or warm, according to the patient's fancy, but it would be well to habituate the patient to this absolute milk diet gradually, as the distaste for it at first is great. As a consequence, an increased diuresis and disappearance of albumen are obtained, while the best guarantee is afforded of the absence at term of uræmia and eclampsic symptoms. A diaphoretic treatment if indicated may be adopted either by warm baths or the pack, while the subcutaneous injection of pilocarpine (the heart's action being closely watched) will prove of much benefit. In urgent cases diuresis may be induced by the salicylate of theobromine, as advocated by Gram and Schröder. Venesection, recommended by Charpentier and Peter, though regarded by most with scant sympathy, is of value when urgent symptoms have to be dealt with. The above-mentioned means are available either for acute or chronic nephritis. As to the question of induction of premature labour, its advisability must be considered (1) in the interest of the mother, (2) in that of the offspring. Distinction must be drawn, in considering the dangers to the health and life of the mother, between the acute and chronic forms of nephritis. In the former, where renal complications occur in a healthy woman during the earlier months of pregnancy, taking into account the serious prognosis, abortion must be induced. This complication is, however, of rare occurrence, as the nephritis usually declares itself later in the pregnancy. When renal symptoms first come into prominence during the second half of pregnancy, notably about the sixth or seventh month, premature parturition is not to be attempted unless grave indications, such as dropsy, dyspnœa, etc., supervene. In cases of chronic nephritis, consideration being given to the grave dangers that beset the mother, through rapid development of the complication as well as the inclination there exists in these cases to hæmorrhage and abortion, coupled with the small chances of life for the fœtus, abortion must be induced as speedily as possible. Should a case of chronic nephritis come under observation only in the later months of pregnancy, premature labour must be induced as early as possible, every chance of life being given to the fœtus, while if earlier pregnancies have afforded evidence that intrauterine death has occurred at a definite period, labour may be induced some time earlier than this period.

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(139) Removal of Fibroid Polypus One Month after Delivery.

DR. LOVIOT (*Bullet. et Mém. de la Soc. Obstét. et Gynéc. de Paris*, June, 1891) relates the following case: On March 14th a woman, aged 27, was delivered at term of a living male child, breech presentation. Much flooding followed, with pains precisely similar to those which were felt during labour. A practitioner extracted some membranes, prescribed ergot and hot water injections, and felt something abnormal in the uterus. The flooding slowly ceased, but the false labour pains continued for several days and anodynes were needed. Septic symptoms followed, the temperature rising to 104° F., with fœtid lochia and rigors. Dr. Loviot was called in on April 8th. He found out that she had aborted at the third month fifteen months previously, and had been subject for months to menorrhagia without flooding between the periods. The pregnancy had been very painful, but no blood was lost except at the third month. The uterus now rose to about four fingers' breadth above the pubes. A large fibroid was felt, dilating the os to a diameter of an inch and a half. The finger could easily be passed between the fibroid and the uterine wall, but the pedicle was out of reach. A small piece of the growth

was snipped off and found to present all the characters of a fibroid and none of any form of placental relic. On April 14th, every precaution being taken, the tumour was removed by *morcellement*. The attachment of the fibroma was very high up and of great breadth, so that the cervix had to be divided on both sides. There was no true pedicle, but a sessile area of attachment. Dr. Loviot snipped away the growth until he could feel no trace of it beyond "a ring, encrusted as it were in the uterine wall." The fragments thus removed weighed 4½ ounces. Then a sublimate solution was injected into the uterus, the cavity of which organ was drained by means of iodoform gauze. The incisions in the cervix were united by catgut. The vagina was drained. The patient's health immediately improved and the temperature fell. At the end of a few days the uterine drain was withdrawn and an intrauterine injection given. For a few more days the vagina was packed with iodoform gauze. On May 11th the patient was quite well and left for the country.

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(140) Pruritus Ani and Vulvæ.

Dr. Augustin Goelet (*Archives of Gynæcology, Obstet., and Pædiat.*, March, 1891) disparages the treatment of pruritus by simple application of any lotion. The vagina, he insists, should be daily cleansed with a solution of peroxide of hydrogen (1 part to 3 of water), best administered as a spray. The parts being dried with absorbent cotton, the whole vagina and vulva should be dusted with Squibbs's pure boracic acid in fine powder. The neighbourhood of the anus is, in cases of pruritus ani, to be cleansed with spray, dried, and powdered in the same manner. The parts must not be washed with soap. After dusting the vulva and vagina, the medical attendant must place a thin layer of absorbent wool, which has been dusted with the same powder, between the folds of the labia majora and between the nates, close to the anus and perineum, so as to prevent the contact of two irritating surfaces. The wool must be changed directly it becomes moist. Dr. Goelet says that the above treatment will effectually relieve the pruritus, but cannot prevent its return, as it does not cure the cause. Discharge from the vagina frequently causes pruritus ani in women, though the possibility of discharge from a fistula or some other rectal disease must not be overlooked. Pruritus vulvæ is most frequent in pregnant women with chronic endometritis and extensive erosion of the cervix. A few applications to the cervix of Churchill's tincture of iodine (which should be five times the strength of the ordinary tincture) every third day, and a douche twice a day of a solution of creolin, will frequently effect a speedy cure. The most prompt and effective method of treating endometritis, as well as erosion of the cervix, is by galvanic applications to the uterine canal, or to the cervix alone when the disease is confined to that part. Dr. Goelet makes the above observations in a notice on a lotion recommended as a remedy for pruritus in the *Canada Medical Record*. The lotion consists of hypophosphite of sodium 1 drachm, carbolic acid half a drachm, glycerine 1 ounce, and Listerine 3 ounces.

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(141) Pregnancy after Hysteropexy for Retroflexion.

Dr. F. Fraipont (*Arch. de Tocol. et de Gynéc.*, July, 1891), in noting Gottschalk's case of abortion at the third month, pregnancy commencing a year after hysteropexy, denies the assertion of that author that hysteropexy necessarily causes abortion, but believes that pregnancy necessarily causes the breaking down of the adhesions artificially formed by that operation. Of six women on whom Professor von Winiwarter performed hysteropexy, three became pregnant very soon after the operation. All three had displacement backwards of the uterus, with cystic degeneration of an ovary. In all the diseased ovary was removed and its pedicle was fixed to the abdominal wall, whilst at the same time two transverse sutures were passed through the fundus uteri and the borders of the abdominal wound. One of the three became pregnant four months after the operation, and was safely delivered at term. The second conceived three months after hysteropexy, and was prematurely delivered in the middle of the seventh month through brutal treatment from her husband. The third patient became pregnant about four months after the operation. She was delivered of a living child at the eighth month. In all three cases the patients suffered from sharp pains in the lower part of the abdominal cicatrix during the three or four early months of pregnancy. Rest, wet dressings, and opiates gave effectual relief. In the later months the pains were not continuous, and were, moreover, quite bearable. The labours and puerperia were normal in all these cases. The first of the three patients remains well; the uterus is no longer attached to the parietes, and involution is perfect. The second was for a time in a similar condition; the uterus was anteverted, and quite movable. She was again pregnant when Dr. Fraipont's report was published, and there were no pains in the region of the abdominal cicatrix as at the previous pregnancy. The third case was less fortunate, for retroversion had recurred, with all the troublesome subjective symptoms for which hysteropexy had been performed. A Hodge's pessary gave relief.

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(142) Triplet Pregnancy: Two Fœtus Papyracei.

Dr. Bazzanella, of Innsbruck (*Centralbl. f. Gynäk.*, July 25th, 1891) describes the following remarkable case. A woman, aged 32, was taken into a lying-in hospital on August 27th, 1889. She was in good health, and neither remembered the date of her last menstruation nor how long she had felt the fœtal movements. The head of a fœtus presented; the breech could be felt at the fundus. *Ballottement* was very free. Pregnancy at the thirty-second week, with moderate hydramnios, was diagnosed. On October 14th labour pains set in; at 2.30 P.M., the waters broke spontaneously; at 5.30, foul-coloured fluid came away; the fœtal heart sounds were irregular. The head presented in the second position. The child was delivered alive with forceps; the perineum, being torn in the process, was at once sewn up. A quarter of an hour after the birth of the child the placenta was expelled, together with a flattened fœtus papyraceus of about the third month. The uterus contracted well. Forty-eight hours later a second and atrophic placenta was delivered. It bore no umbilical cord, but in a cavity containing turbid fluid lay a dirty-brown coloured lump which could be unrolled, and proved to be a second fœtus papyraceus. The second placenta bore a chorion and two amnia; hence the two papyraceous fœtuses were one-yelk twins; their common placenta was distinct from that of the living and mature child. The patient made an excellent recovery. The living child

was at birth 18 inches long, and weighed about 5 lbs. 5 ozs. It died of pneumonia when six days old. Dr. Bazzanella notices that a fœtus papyraceus may very readily be overlooked, or taken for a clot.

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(143) Jaundice in Childbed.

M. LABUSQUIÈRE (*Revue Obstét. et Gynéc.*, February, 1891) attended in December the confinement of a married woman of emotional temperament. The catamenia were always painful, and associated at their commencement with sharp hypogastric pains and marked anæmia. Attacks of urticaria were frequent. She burst into tears on one occasion because the doctor called and saw her before she had time to adorn herself like a fashionable convalescent. Labour was lingering, and the forceps was applied under chloroform. She manifested extreme alarm when informed that the use of instruments and chloroform was necessary. The child was saved. On the second day the patient was observed to be jaundiced. There was no pain in the hepatic region, but the gall bladder was very tender on pressure. The milk, as well as the urine, contained biliary pigments. The jaundice subsided within a few days; as it disappeared the patient was troubled with severe itching of the skin and a mild attack of urticaria. The patient made a good recovery, and was able, after the cessation of jaundice, to suckle her child. M. Labusquière refers to the icterus of menstruation noted by Senator and others. Pilliet has recently written on the liver in eclamptic cases, and jaundice occurring in puerperal eclampsia is an extremely grave symptom. In M. Labusquière's case the jaundice was simple. The lingering labour might have involved much disturbance of the circulation in the liver. The chloroform might have played some part in causing the complication, though not quite two ounces were used for a long forceps delivery. It appears most probable, however, in M. Labusquière's opinion, that mental agitation was the cause of the jaundice. Emotion may set up vasomotor disturbance in the liver and consequent excessive secretion of bile. On the other hand, it may act, as Potain believes, by causing spasm of the muscular elements of the bile ducts. The patient had been a spoilt child, and her health was permanently enfeebled by severe attacks of several febrile disorders in infancy.

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(144) Kraurosis Vulvæ.

DR. ORTHMANN, of Stettin (*Zeitschr. f. Geburtsh. u. Gynäk.*, vol. xix, p. 2, 1891) has collected twenty-six cases, and adds five from Dr. Martin's clinic at Berlin. The disease consists mainly of premature atrophy of the vulvar structures. A hyperplastic stage precedes the atrophic processes which are manifested by stenosis of the vestibule, with dryness, sliminess and a cicatricial condition of the integuments, including the labia minora. No reliable results followed bacteriological researches. The affection often gives rise to intolerable itching and burning. Dr. Martin finds that no measure intended for cure is of any avail short of excision of the affected area of integument and closure of the wounds thus made by sutures. No recurrence was observed in these cases.

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(145) Cæsarean Section: Discharge of all the Deep Uterine Sutures.

DR. EGBERT H. GRANDIN (*Amer. Journ. Obstet.*, June, 1891) performed Cæsarean section in August, 1890. In suturing the uterus eight deep silkworm-gut sutures were used, and these were covered over "by a continuous symperitoneal catgut suture." Convalescence was undisturbed up to the seventh day, when a chill and rise of temperature called attention to a small abscess in the abdominal parietes at the level of the umbilicus. A fistulous tract remained after the opening of the abscess. As it remained open for months, the tract was slit up by Dr. Grandin on March 20th, 1891, and all the deep uterine sutures came away. The wound then healed thoroughly. The sutures had all been immersed in boiling carbolised water before use, yet they had not become encapsuled.

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(146) A Ball of Twine Thirty Years in the Vagina.

DR. SZIGETHY (*Orvosi Hetilap*, 1890, No. 52) describes this case, where the patient was 75 years old. Thirty years previous to the consultation she suffered from pelvic pains, which prevented her from working at her vocation. She noticed that something protruded from the vulvar cleft. On the advice of an ignorant neighbour she dipped a small ball of twine in hot wax, reduced the protrusion (which was probably a prolapsed uterus), and introduced the ball into the vagina. Immediate relief followed, and the foreign body did not cause the least inconvenience until some months before the patient consulted the doctor, when, in consequence of violent exertion, the improvised pessary became displaced. The patient could not replace it so as to give any comfort. Dr. Szigethy removed the ball; it measured 7 inches in its smaller circumference, and was yellowish-brown and covered with a dense deposit of mucus. The removal of the mass was a task of considerable difficulty, owing to the senile involution of the genitals.

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(147) Rupture of the Uterus.

DR. J. SLECHTA (*Der Frauenarzt*, June and July, 1891) describes a series of cases of this grave accident observed in Professor Pawlik's wards at Prague. Of the eight cases, three were complete or perforating. In two of these cases the uterus was amputated; in the second the tampon was employed. All died. Five cases were incomplete, and the tampon was introduced in every instance. All recovered. The position of the rupture in the eight cases was as follows: In the anterior wall of the uterus, two; both recovered, tampon used. In the anterior wall, extending to the left, two; tampon in one case, amputation of uterus in the other. In the posterior wall, one, which died after amputation of the uterus. In the left cornu, two; both recovered, tampon used. Transverse rupture on the left side, one; recovered, tampon used. It is remarkable that the last three—lateral ruptures—recovered, as hæmorrhage is severe in such cases and parametritis a very probable complication. On the other hand, the posterior rupture was fatal, but here abdominal section was performed. A laceration through the posterior wall lies in a good position for the escape of discharges, and is the most accessible for therapeutic applications. The borders of the rent and the entire uterine cavity should be disinfected with thymol or boracic solutions, and the edges must be kept in contact by prolonged pressure between one hand in the uterus and the other on the abdomen, pressing the fundus. This proceeding will check the hæmorrhage. The point of the finger is next introduced into the rent and a strip of iodoform gauze is pressed

along it and passed around it. Tampons are also passed into the cervix and vagina. Drainage is necessary, but it is only when there has been severe hæmorrhage that the fenestrated drainage tube need be passed into the wound itself. When manual compression of the uterus appears sufficient, the obstetrician must not neglect to place an ice-bag on the hypogastrium. Its action as an antiphlogistic and analgesic is remarkable, and its weight probably ensures sufficient compression. The bag may be used for four or five days or longer should there be inflammation. Opium is necessary during the first three days. When the discharge from the drainage tube becomes fœtid irrigation through the tube must be carried out. By the ninth or tenth day the tampons must be cautiously removed one by one.

PHARMACOLOGY AND THERAPEUTICS.

(148) Ephedra Vulgaris as an Antirheumatic.

In a preliminary note in the *Bolnitchnaia Gazeta Botkina*, No. 19, 1891, Dr. P. V. Bekhtin, of Professor L. V. Popoff's clinic, in St. Petersburg, describes a series of therapeutical experiments with the ephedra vulgaris, or "steppe raspberry" (Russ. *stepnaia malina*), which plant (a member of the natural order *Gnetaceæ*, which grows abundantly all over Russia) is regarded by the Russian peasantry as a sovereign remedy for rheumatic and syphilitic affections. The observations were made on 16 patients, of whom 4 were suffering from acute articular rheumatism (in 1 case complicated with pericarditis), 2 from chronic, and 2 from acute muscular rheumatism, 6 from chronic and 1 from rheumatic sciatica, and 1 from rheumatic osteomyelitis. The remedy was used in the form of an "infuso-decoction" of 1 drachm of powdered stems and roots of the plant, and 6 ounces of water, a tablespoonful being given every two hours. The following are the principal conclusions arrived at:—(1) The steppe raspberry is decidedly one of the most valuable antirheumatic remedies yet known. (2) The best results are obtained in cases of acute articular and muscular rheumatism. Even on the second day of the treatment pain greatly decreases, and the pulse and respiration become slower while growing fuller and stronger. In a couple of days the temperature returns permanently to normal, and articular swelling completely disappears, and in seven or ten days the patient is quite well. In the complicated case the pericarditis subsided, together with the other morbid phenomena. (3) In chronic cases the remedy acts somewhat less strikingly and less rapidly. Of the 8 cases, in 4 (muscular rheumatism) a complete cure was effected, while in the other 4 (2 muscular, 2 articular) a great improvement was obtained. (4) In rheumatic osteomyelitis and sciatica, however, the remedy seems to produce only slight and and temporary amelioration. It may be added that in both the cases all ordinary antirheumatic drugs (salicylate of sodium, antipyrin, antifebrin, salol, phenacetin, etc.) utterly failed to afford any relief. (5) Ephedra invariably has a beneficial effect on the gastro-intestinal tract, habitual constipation disappearing, etc. (6) The remedy also appears to possess a diuretic action, which is especially pronounced in cases of articular rheutism. Dr. Bekhtin adds that he made some experiments on frogs, injecting hypodermically a fluid extract of ephedra (strength not stated) in the dose of 1 cubic centimetre. The injection gives rise to initial violent general excitement of three or four minutes' duration, followed by a total inhibition of reflexes and sensibility, with considerable slowing of the heart's action and respiration. The symptoms last from half an hour to an hour, after which the animal slowly returns to its normal condition. Some time ago Professor Nagai, of Tokyo, succeeded in isolating from the plant an alkaloid, which he termed "ephedrin." According to Professor Kobert the substance, when injected into dogs and cats (in the dose of 0.2 gramme) causes intense excitement with general convulsions, exophthalmos, and mydriasis. Dr. Miura, of Tokyo, uses hydrochlorate of ephedrin as a mydriatic.

(149) Balsam of Copaiba as a Diuretic.

Professor Ivan N. Obolensky, of Kharkov, calls attention (*Transactions of the Medical Section of the Kharkov University Society for the Advance of the Experimental Sciences*, 1891, vol. i, p. 13) to the powerful diuretic properties of copaiba balsam, his own clinical experience being fully in accord with that of British authors (Carter, Day, Dixon, Duffin, Glynn, Lees, Liveing, Monro, Sieveking, Taylor, Thompson, White, Wilks). Obolensky uses the remedy in the form of an emulsion, the daily dose varying from 20 to 40 grains. The drug was tried in nine cases, among which there were four of mitral insufficiency, one of aortic regurgitation, three of atrophic cirrhosis of the liver, and one of abdominal tumour. His observations showed that: (1) the balsam is far superior to ordinary diuretics, including digitalis, convallaria maialis, adonis vernalis, stigmata maïdis, calomel, and sparteïn; (2) its diuretic action develops very quickly in cardiac and hepatic cases, the daily amount of the urine rising from 700 or 800 to 1,450 cubic centimetres, even about the end of the first twenty-four hours, and increasing up to 2,000 cubic centimetres the next day; (3) the effects are lasting, diuresis (after the same dose) remaining equally abundant for weeks; (4) the best results are observed in cases of dropsy of cardiac and hepatic origin; (5) the balsam occasionally causes heartburn with eructations (one case), slightly increased frequency of micturition (one case), abdominal pain with diarrhœa (one case), and some admixture of red blood corpuscles with the urine (one case). The phenomena, however, are always mild, never making it necessary to stop the administration of the drug. The cardiac action, pulse, and arterial tension remain unaltered. Neither cough, urticaria or other eruption, nor any serious renal irritation was ever observed by the author. The diuretic effects are thought to depend upon a stimulating action of the drug on the renal secretory nerves, on which point the writer differs from Professor Binz, who believes that the diuresis is dependent upon dilatation of the renal blood vessels.

(150) Paralysis after Subcutaneous Injection of Ether.

Dr. Eberhart, of Cologne, has collected (*Centralbl. f. Gynäk.*, March 21st, 1891) cases in which the subcutaneous injection of ether caused paralysis of the muscles supplied by nerves with which the injected fluid had come in contact. In a case of Remak's in which the patient was comatose from carbonic oxide poisoning, ether was injected under the integuments of the extensor aspect of each forearm. Paralysis of the extensors of the fingers, of the index and little

fingers, and of the metacarpal bone of the thumb, followed the injection. In another case, the paralysis was similarly distributed, excepting that the extensor indicis was spared; the condition did not pass away for four months. Arnozan had already noted that the posterior interosseous nerve, below the point where it perforates the supinator brevis, is especially exposed to injury from ether injections. Charpentier and Barbier have described neuritis degenerativa of the great sciatic nerve after ether injection. In Mendel's case, paralysis of the extensors of the ring and little fingers, with diminished cutaneous sensibility, followed hypodermic injection on the extensor side of the right forearm; recovery ensued in three weeks. In a case of Neumann's, ether was administered in the same manner to a phthisical patient, and in both forearms. On the third day there was swelling around the punctures, pain on movement of the hands, and impaired movement of the middle finger. The latter symptom lasted for a long period. In Dr. Eberhart's own case, a plastic operation was performed on a woman for prolapsus uteri. The careful rawing of surfaces on the vaginal wall took a long while. The patient seemed collapsed at the end of the operation, and ether was injected under the skin of the right forearm, a hand's breadth below the olecranon, and at a second point, midway between the elbow and wrist. On the second day, partial paralysis of the extensors of the middle, ring, and little fingers was noted; they could be extended, but the extension could not be maintained. There was no pain, and no lesion around the punctures. Faradisation did little good till massage was added. It was six weeks before the extensors regained their complete power. The patient afterwards suffered from peculiar sensations in the forearm whenever the weather was changeable. It is not likely that these neuroses are due to direct wounding of the posterior interosseous nerve by the point of the syringe. The nerve is probably inflamed by direct contact with the ether.

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(151) Red Rose in Diarrhœa.

Dr. Alexei V. Alexéevsky, of Tambov, strongly recommends (*Bolnitchnaia Gazeta Botkina*, Nos. 51 and 52, 1890, p. 1212) a simple and cheap method of treatment of chronic diarrhœa, which consists in the internal administration of an infusion of the red rose petals (*flores rosæ rubræ vel Gallicæ*). To prepare the infusion a largish pinch of the dried flowers should be taken to each tumblerful of hot water, and the vessel allowed to stand in some warm place for two hours. An adult should be given a tumblerful of the rose tea twice or thrice daily, while a child under 5 years of age should take not more than a tumblerful or cupful, in divided doses, a day. The author relates three illustrative cases of very obstinate chronic diarrhœa, in a lady, aged 28, and two little girls, aged 3½ and 2 respectively. In these cases, after various ordinary means had totally failed, the red rose course was followed by complete recovery in from one to two weeks. The excellent remedial effects of the flowers are probably to be ascribed to their containing astringent principles, as well as an essential oil which possesses energetic antiseptic and antifermentative properties. The *rosa centifolia* is said to be less efficacious than the French variety. The method has been borrowed by the writer from the Russian popular medicine. In the latter the dog-rose (*rosa canina*) is similarly regarded as a powerful antidiarrhœal remedy, and this view was fully confirmed some years ago by Drs. M. G. Sokoloff and B. M. Tchiglovsky, of Omsk, Siberia (See *St. Louis Medical and Surgical Journal*, November, 1888, p. 292).

PHYSIOLOGY.

(152) The Sense of Taste in the Larynx.

For many years it has been known to histologists that the specific end-organs of taste, namely, the taste-bulbs, occur on the posterior or inner surface of the epiglottis, but up till now the physiological proof of the existence of the sense of taste in the epiglottis has not been forthcoming. P. Michelson (*Virchow's Archiv*, [12], iii, 3, p. 389, 1891), under Langendorff's direction, made a number of experiments, which show that the inner surface of the epiglottis is endowed with taste. A Schroetter's laryngeal sound tipped with a solution of quinine or saccharin, was introduced into the larynx, and the drop of the sapid substance was cautiously brought into contact with the inner surface of the epiglottis. Positive results were obtained, which were controlled by the sensation—electrical taste—known to be produced by electrical stimulation. It seems, therefore, proved that a part of the nerve fibres passing to the larynx are nerves of taste.

PATHOLOGY.

(153) Immunity to Poisons and to Certain Infections.

Professor Giacosa, of Turin, makes a communication on immunity (*Riforma Medica*, June 19th, 1891) of which the following are the main points: It has been long recognised that all animals are not equally susceptible to a given drug. Tolerance may be due to one of several causes; it may be (*a*) the result of habit as in the case of arsenic eaters, tobacco and opium smokers, etc.; it may be that (*b*) the organ or function on which the drug acts is absent or but little developed, as in frogs, on which morphine has no narcotic action, but only produces tetanus through its action on the spinal cord. Many other instances, however, cannot be thus explained; for instance, how can we account for the resistance of fowls to strychnine, and how is it that goats and snails can feed on belladonna with impunity? We cannot admit any difference in elementary action—the same protoplasm, the same function, ought to be modified in a constant manner by a given dose of a drug under similar conditions. If the effect be different (drug, dose, and other conditions being unchanged), this must be attributable to differences in the nature of the protoplasm and of its functions. We may thus have, in the reactions to poisons, a means of distinguishing differences which cannot be detected in any other way. Comparable with this "pharmacological" immunity we meet with "pathological" immunity—namely, the inability to contract certain diseases. This analogy is especially made evident by recent bacteriological inquiries, which have traced certain phenomena of disease to poisoning by chemical substances produced by microbes in the tissues. A person may be "immune" in two ways: either he does not form a suitable soil for the infective microbe, or its poison may be neutralised by others formed in his body. The latter explanation is probably as frequently true

as the former. Artificially, also, we can produce an immunity by setting up a tolerance, as is done in the case of Pasteur's vaccines for anthrax, etc. This is strictly comparable with the pharmacological tolerance above described, in which continuous small doses will eventually confer immunity from the effects of large ones. We have also made some advances in the case of tetanus, owing to the researches of Behring and Kitasato (*Deutsche med. Wochenschr.*, No. 49, 1890), who found that the serum of animals themselves immune to tetanus was capable not only of neutralising the action of virulent cultures of the tetanus bacillus when mixed with them, but also of conferring immunity when introduced into susceptible animals. We now know that tetanus is due to a chemical substance, well defined and isolated, produced by a specific bacillus, and that the serum must act either by destroying this poison or by rendering it inert. It is possible—nay, probable—that the same explanation will be found to apply to some other infectious diseases, such as diphtheria, tubercle, and pyæmia, but our knowledge is not yet so complete with regard to these diseases. The study of immunity will thus probably resolve itself into a pharmacological or even a chemical problem. Professor Giacosa has sought to determine whether what is true for the product of tetanus in certain animals will also hold good with respect to a vegetable alkaloid—whether the blood of an animal immune to strychnine is capable of conferring this immunity on another animal. It has been established that fowls can take as much as 9 grains of strychnine without showing any symptoms. Starting from this knowledge, the defibrinated blood or serum of these animals was injected by him into the peritoneal cavity of white mice, guinea-pigs, and rabbits, after which doses of strychnine were given. The results, however, as regards any protective action, were always negative, there being never even slight diminution of symptoms as compared with those exhibited in control animals. Immunity in the fowl does not, therefore, appear to be due to any special property of the blood. Thus, there appears to be a great difference in the reaction of the poisons of tetanus and of nux vomica on the blood, although the symptoms produced by each so closely resemble one another. In this connection it will be interesting to mention some experiments of Claude Bernard, who found that by causing arterial blood from an animal poisoned by strychnine to flow into the veins of a normal animal, no symptoms of poisoning occurred in the latter. This shows that the poison stays but a short time in the blood, and is always extremely diluted, being absorbed nearly as fast as it enters the circulation. It may be that this is the explanation of Giacosa's negative results, and that the poison remains too short a time in the blood for the fowl's serum to have any action on it. It may be, on the other hand, that the immunity in fowls to the action of strychnine consists in a greater difficulty of absorption of this substance. The author is engaged in similar researches with atropine and other poisons. His results, whatever they may be, cannot fail to be of great interest to workers on the subject of immunity.

(154) Experimental Production of Exophthalmos.

It is known that stimulation of the cervical sympathetic, besides other effects, produces protrusion of the eyeball on the side stimulated. H. Stilling (*Comptes Rendus*, cxii, 3, p. 160) finds that ligature of both jugular veins and simultaneous section of the cervical sympathetic nerve on one side produces in the rabbit well-marked exophthalmos on both sides. Besides this, there is œdema of the face, swelling of the nasal mucous membrane, and almost always a flow of tears. The latter effects usually last only about twenty-four hours, but the exophthalmos lasts for seven to ten days.

DERMATOLOGY.

(155) Contagiousness of Common Warts.

Dr. Payne (*Brit. Journ. of Derm.*, June, 1891, p. 186) relates that after using his thumbnail to remove softened warts, three warts developed on his thumb, confirming him in a view which he had entertained on other evidence that the popular belief in the contagiousness of warts is well founded.

(156) Xeroderma Pigmentosum.

Brigidi (*Atti Accadem. Med. di Genova*, 1890), in a histological and mycological investigation of xeroderma pigmentosum, found that the undermost layers of the epidermis contained the melanotic pigment. The cells of the deepest layer of the rete mucosum appeared enlarged. Some of them showed phases of karyokinesis, and were surrounded by leucocytes. The interpapillary processes showed nothing unusual. The papillary body was largely developed, its blood vessels enlarged, its endothelium proliferating; there was some extravasation around the blood vessels. In the papillary layer Brigidi further observed polymorphous branched pigmented cells. He found in the preparations, and also in the epidermis, round bodies, which he considered to be micrococci, but he did not consider the organism specific.

(157) Akrokeratoma Hereditarium.

Dr. Neuburger (*Monats. f. prakt. Derm.*, No. 1, July, 1891) describes a remarkable case in a man, aged 66, in whom the whole skin was rough and dry, particularly on the extensor surfaces of the extremities; and in a still higher degree on the backs of the hands and feet, on which parts the skin was like shagreen, and very much thickened, sensibility being very much deadened. Microscopic examination of the affected skin showed the connective tissue of the cutis to be thinner than usual, and poor in blood vessels, the fatty layer almost absent, while the epidermis was from six to eight times thicker than is usually the case in this part of the body. The sweat secretion was almost entirely absent, both sebaceous and sweat glands being very much shrunk. The condition had lasted more or less through life, and could be traced through three generations.

RHINOLOGY.

(158) Hairpin in the Posterior Nares.

Dr. Kelliher (*New York Medical Record*, June 27th, 1891) records the case of a young lady, aged 20, who stated that on the previous day she had swallowed a hairpin. She had been to three other physicians previously, who told her that it was imagination on her part. She said she now felt it in her nose. With a probe Dr. Kelli-

her felt a prong of the hairpin in the right nasal passage. With some difficulty he was able to seize it with a pair of slender forceps and to make traction. He was unaware where the other prong of the pin was, but, after dragging this prong about half an inch through the right anterior naris, the other came through the integument close to the inner canthus of the right eye. He ultimately removed the pin by pulling it through the right nostril. It measured from point to point about 5 inches.

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(159) Illumination versus Exploratory Puncture of the Maxillary and Frontal Sinuses.

ZIEM, of Dantzig (*Berl. klin. Woch.*, June 15th, 1891) repeats his previously expressed view that the diagnosis of suppuration of the maxillary sinus cannot be made with any certainty by the method of illumination through the mouth. In this view he finds himself in opposition to Bresgen and Vohsen; while, on the other hand, he is supported by Lichtwitz, of Bordeaux, and Srebrny, of Warsaw. Ziem adduces, in the first place, those cases of slight suppuration, where neither the amount of pus nor the thickening of the mucous membrane is sufficient to interfere with the transmission of light. In the second place, the size and thickness of the walls of the antrum are not always the same on the two sides in the same individual; and, moreover, there may be an unusual development in the size of the nasal fossa, with imperfectly developed maxillary sinuses. Both Lichtwitz and Srebrny have demonstrated by actual experiment that illumination could not be relied upon to prove the existence of pus in the antrum. As to the method of making an exploratory puncture, Ziem still maintains that it is best to make an opening through the alveolar ridge, and to send a stream of water thence through the nose. With regard to the frontal sinus, he holds that illumination by itself is not capable of furnishing a means of diagnosis, since here, also, there is much difference in the size of sinuses and the thickness of the walls. He considers, however, that a combination of this with other methods may be useful. At all events in the next case which occurs in his practice with symptoms of suppuration in the frontal sinus, he would employ illumination; and he would follow this by use of the air douche. He would then use illumination again, and if the transparency of the sinus were now increased that would be an indication of disease of the sinus. On the other hand, if no result followed, the case would still be doubtful, and the question of puncturing the sinus from the outside would present itself. This exploratory puncture is rendered much safer by employing illumination, as Vohsen has shown, for the exact limits of the sinus are thereby defined. Having made a puncture with a small trephine, and injected a stream of water, the presence of pus is at once demonstrated, and the after-treatment can be carried out through this opening, which can be enlarged if necessary, much more effectually than by endeavouring to blow air or powders through the frontal canal, or by cauterising the mucous membrane of the nose in the vicinity of the orifice of the frontal sinus.

BACTERIOLOGY.

(160) Milk and Mastitis.

AN article upon a mastitis bacillus is contributed by Dr. Macfadyen to the *Journal of Anatomy and Physiology* (July, 1891). Professor Hess, of Berne, showed, in 1888, that the infectious forms of mastitis are due to several distinct kinds of bacteria, which penetrate through the milk canals into the milk glands, where they develop their specific pathogenic properties. The resulting inflammation may be very mild, so that the cow bears milking; its milk is none the less poisonous, and can infect large quantities of healthy milk with which it is mixed. Dr. Macfadyen investigated a micro-organism from the contents of the udder of a cow slaughtered when suffering from mastitis. Its action on fat, proteids, and carbohydrates was carefully studied and recorded. Pure broth cultures of the bacillus set up mastitis in the udder of a goat. Milk infected, after previous sterilisation, with pure cultures of the bacillus produced no effect on a dog. On the other hand, kittens fed with the milk had violent attacks of diarrhœa. After one or two days they recovered. Dr. Macfadyen therefore considers that milk from cows infected with this bacillus might easily cause diarrhœa in children. The most important practical question in relation to this subject is the mildness of the mastitis, which does not check the secretion of milk and does not prevent the cow from being milked. Lastly, Dr. Macfadyen reminds us that the bacillus is probably only one of a large class of bacteria capable of producing mastitis.

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(161) A Bacillus in Pork and Gravy-Stock.

IN a report on the bacteriological investigation of certain samples of pork and gravy-stock from Carlisle (*Nineteenth Annual Report of the Local Government Board*, 1889-90, page 223), Dr. Klein describes a bacillus obtained from the lungs of experimental mice that had been fed with stock gravy and pork, in which the disease did not set in until the second day after experimental feeding, and which was characterised by severe intestinal disturbance and congestion of the lungs. The bacillus is 0.4 millimetre in thickness, and a little longer than it is broad, or it may be in longer rods or threads from 2 to 3 millimetres in length, the short bacilli gradually growing into the longer forms. The colonies do not swarm as do the various proteus bacilli; they make their appearance in twenty-four to thirty-six hours after inoculation as whitish-grey spots, which enlarge during the next two or three days to 1 to 2 millimetres; their outline is angular, and they are of considerable thickness, especially in the centre. By transmitted light they appear dark brown, but when examined by reflected light they are white, with a faint pinkish tinge. At 20° C. liquefaction commences on the fifth day; it proceeds very slowly, and the liquefied gelatine remains perfectly clear and somewhat syrupy, only gradually assuming a golden brown tint. In streak cultivation the bacillus grows rapidly into a thick prominent band, with knobbed crenate outline, the centre of the band being thicker than the margin. The bacillus grows on agar as a pasty thick pellicle; in broth it produces uniform turbidity, with copious powdery precipitate. When mice are inoculated or fed on this organism, symptoms similar to those induced by the gravy-stock and pork manifest themselves. These bacilli were cultivated from the gravy-stock only.

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